


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90013 040 ****50.00

DOCUMENT # L06000020679					
1. Entity Name UNITED TILE LLC					
Principal Place of Business 5322 STEWART DR PANAMA CITY, FL 32404			Mailing Address PO BOX 35751 PANAMA CITY, FL 32412		
2. Principal Place of Business - No P.O. Box # 7488 Shadow Bay DR		3. Mailing Address 7488 Shadow Bay DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 204439840	
Zip 32404		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGGS, DAMON T 5322 STEWART DR PANAMA CITY, FL 32404			7. Name and Address of New Registered Agent Name <u>Damon T Briggs</u> Street Address (P.O. Box Number is Not Acceptable) <u>7488 Shadow Bay DR</u> City <u>Panama City, FL</u> Zip Code <u>32404</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Damon Briggs</u> DATE <u>5-17-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGGS, DAMON 5322 STEWART DR PANAMA CITY, FL 32404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, SAMUEL 435 CHIPOLA AVE WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, CLINT J 3909 E 11TH ST APT C SPRINGFIELD, FL 32402	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, CLINT J 3909 E 11TH ST APT C SPRINGFIELD, FL 32402	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, CLINT J 3909 E 11TH ST APT C SPRINGFIELD, FL 32402	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Damon Briggs</u> <u>Damon Briggs</u> <u>5-17-07</u> <u>(850)527-4293</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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